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ABSTRACT

Prevalent among "third force" and other humanistic psychologists is the assertion that "becoming a person" or "self-actualizing" are desirable goals for individuals and for the human race. Major writers such as Rogers and Maslow and their followers have described the high-level humanizing process and have developed techniques for facilitating growth toward it. However, current trends in the so-called humanistic movement have resulted in a situation wherein, in many counseling and therapy groups, and in several humanistic psychology papers, the ultimate good of self-actualization is presented exclusively in terms of intimacy, intense emotional involvement, interpersonal honesty, and almost compulsive self-disclosure. This seems to be produced and maintained by two related assumptions: (1) that intimacy and interpersonal emotional intensity are what we seek, and (2) that if we don't seek these realms of experience, we should, and we are either mentally ill or somehow less human on account of not doing so. These assumptions are, however laudable for some situations, highly questionable when applied to all humans in all situations. This tutorial presentation explores these theoretical, clinical, and ethical issues by means of lecture and discussion with the audience. (Author/BW)

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On Being Real: In Praise of Impersonal Communication

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Introduction

We are here today as two concerned psychologists who have made some recent observations that we would like to share with you. The ideas and issues we want to discuss originated in a free-floating discussion late one night over a bottle of wine as we were sharing our recent clinical and teaching experiences. What happened then was a mutual convergence on some things we had both been incubating about for some time but had never bothered to share with a colleague. We decided that it was at least possible that our revelations were not totally unique to our experience and that, in any event, we ought to find out whether others might share some of the same concerns.

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Observations

Recently we have observed a tendency for discussions of the therapeutic process, by either clients or students, to be dominated by a focus on the overriding importance of

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feelings and self-disclosure. For example, take the following exchange between client and therapist occurring at the beginning of their second session together:

Cl: Something happened last night that really bothered me.

Ther: Tell me about it.

Cl: I just couldn't get across what I wanted to say to him.

Ther: It was hard for you to tell him what you were feeling inside.

Cl: Yeah, I was feeling kind of angry with him, and I know I should have told him that.

Ther: And you know that part of the growing you said you wanted to do last week is learning how to be open in expressing your feelings.

There are a variety of directions which this interview might profitably take. One obvious direction is the one just taken, where both client and therapist are focusing their attention on the client's inability to express her feelings. Our concern with this direction is its apparent failure to explore the situational context in which the client's communication difficulties occurred. We would suggest that the situational context is an important consideration here and an exploration of this context might moderate one's reactions to the nature of the client's problem. For example, assume the following situational context: he and she (the client) have theater tickets for an 8:15 performance and she is not ready when he arrives. She does indeed have things she wants

to share with him, including feelings, but the reality of the situation is that they will be late for the performance if she brings up her concerns at the time she is feeling them. The issue now becomes not the desirability of expressing one's feelings openly and honestly, but rather the equally important issue of when it is appropriate to do so. (We should also mention the possibility that the boy friend does not exist at all except as part of the client's psychotic thought processes!)

Client and Student Perceptions of Mental Health

There is a recurrent and consistent theme in client and student messages today: I must become a totally open and honest person because that is the way to become a real person, a self-actualizing person. That is the way, the only way, to become mentally healthy. Moreover, the way to operationalize all this is to make sure one's verbalizations use personal pronouns, are delivered with body language indicating intense emotional involvement, and are focused primarily upon one's feelings (as opposed to one's thoughts) regarding one's current, here and now experiences. Historical references to oneself or more impersonal comments about one's current activities are put in the less healthy category. Verbal behavior such as social amenities, exchanges of information, and "idle conversation" are seen as less real and open and even less "mentally healthy" apparently becuase they can involve intellectual defensiveness and therefore get in the

way of intimate encounter with another.

It should be emphasized here that this is not our interpretation of messages from clients and students but rather what they are telling us directly. Also these messages are often given with an emotional intensity suggesting strong belief in what is being said. At times, one cannot escape the impression of zealous members of a religious sect proselytizing in the name of their belief.

There seems to be a new zeitgeist emerging which reflects the humanistic psychology movement, psychology's growing concern with social issues and problems, and everybody's concern with self-actualization. This zeitgeist is also associated with a view of mental health which stresses emotional expression and high self-disclosure as not only healthy but good for all people in all situations. Furthermore, our clients and students seem to be embracing this zeitgeist in such an uncritical way that the time is overdue for a more critical scrutiny of certain assumptions which underlie this new mental health value orientation.

On Self-Disclosure and Emotional Intimacy

The basic assumption seems to be that, in order to be "real" and "human", one must seek intimacy and intense emotional involvement while engaging in interpersonal honesty and almost compulsive self-disclosure. We would suggest that even a superficial examination of this way of defining "real" and "human" suggests that it is, at best, dangerously over-

simplified and, at worst, downright incorrect.

Paul Cozby is the author of a recent review article on self-disclosure which should be read by anyone who has uncritically accepted the idea that self-disclosure is the answer to interpersonal problems that a client might be experiencing. Cozby states that correlations between various types of self-disclosure scores and various personality measures have been generally low and often contradictory. More importantly for our purposes, current research suggests that the relationship between self-disclosure and mental health is quite likely a curvilinear one. Although admittedly the nature of this relationship is dependent upon how one defines and measures self-disclosure and mental health, Cozby is not alone in suggesting that a curvilinear relationship between the two also makes intuitive sense. The person who rarely discloses himself to others is likely to have difficulty in establishing any close relationships with others and is likely to be perceived, at least by others, as mentally unhealthy. In contrast, the person who characteristically engages in indiscriminate high self-disclosure is likely to be perceived by others as overly preoccupied with self and also mentally unhealthy. In terms of current research findings, moderate self-disclosure, characterised by high self-disclosure to few significant others and medium disclosure to other people within the social environment, is most highly associated with mental health. The liklihood that self-disclosure and mental

health have a curvilinear relationship is difficult to reconcile with client and student messages which state that we should be sharing our innermost thoughts and feelings to almost everyone for the sake of our mental health, for the sake of becoming a person.

On Being A Real Person

So much for now on the issue of self-disclosure. We'd like to turn our attention at this point to a related issue, to the issue of what a real person is. Recall our previously mentioned observations of how our students and clients talk about the therapeutic process using terms such as "being real," "openness," "honesty," "being in touch with your feelings," "saying what you really feel." Such terms predominate when they talk about therapy, often even when they talk about life. Not very often do we hear references to non-process types of considerations: the client's observable behavior and appearance, his life history and current job, family, residence situation, or what the client is thinking about and how his thought processes are working. It seems to us that counseling and psychotherapy - and personal growth work - should focus on the whole person, including his thoughts, sensations, perceptions, behaviors and his feelings.

It is an interesting observation that one of the first books written about "being real" was Harry Emerson Fosdick's 1943 book entitled On Being a Real Person. Even Fosdick defined a "real person" in terms of wholeness, integration,

and coordination of "reflexes, impulses, desires, emotions, thoughts, and purposes" of all facets of human functioning.

We are not likely to find clients, students, or ourselves reading much of Harry Emerson Fosdick these days, nor is his kind of work likely to take us as far on this difficult issue as we'd like. But certainly writings of Maslow and Rogers are being widely read and quoted by both students and clients, read and quoted accurately and inaccurately, for better or worse.

We turned first to Maslow's writings, searching for a stress or special interest on feelings and/or self-disclosure in Motivation and Personality (1970) and Toward a Psychology of Being (1962). We found his thirteen characteristics of healthy, self-actualizing, "real" people. Among them were characteristics such as "increased spontaneity," "greater freshness of appreciation, and richness of emotional reaction," and "higher frequency of peak experiences." However, Maslow's discussions of these characteristics seemed to us to refer as frequently to thoughts, perceptions, sensations, etc., as to feelings per se, and these features of experience seemed to us to be viewed by Maslow as valuable whether expressed to others or kept private.

In fact, what seemed to be one of Maslow's most important concerns was related to the existentialist idea of man's ultimate aloneness, his autonomy, his individual identity. Maslow treats this aloneness not as something to be denied or

to be overcome, but rather as something to be acknowledged, accepted, preserved, and even cherished. Also among his thirteen characteristics he lists "increased detachment and desire for privacy" and "increased autonomy, and resistance to enculturation" as characteristics of healthy people.

In short, nowhere in Maslow's work could we find even the implication that increased interpersonal openness, honesty, or self-disclosure are normative characteristics of self-actualization or Being. In fact, in Willard Frick's 1971 fascinating interview with Maslow, we found an anecdote that seems quite appropriate here. While discussing his own work with students, Maslow said:

> In my seminars I've been trying the role of the consultant rather than the professor in charge, and what has happened now in two seminars was that when I threw away the reins and abdicated power, then these students spontaneously went into a kind of a T-group situation. That is, what they looked for was belongingness with each other, communication, affection, love, and working together, which is really at a very low level of personal development. This seminar I just had was a kind of a marathon which they did themselves. I was not there. They were in complete charge and they came out with their eyes glowing as people usually do from these things, but this is a re-discovering of the...it's a dropping of the defenses, and a rediscovering when it works well, of communion, of belongingness, of love for each other which they've never experienced, and then they take the content and throw it the hell away. They forget about the topic and glory in feeling communion with each other. Then it can make you very sad.

Thus, one of our greatest humanistic psychologists appeared also to be concerned about the over-emphasis of feelings and expression of feelings to others, especially in situations where other human functions could be at least equally rewarding. Admittedly, this need to communicate with one another, to feel brotherly (perhaps by sharing feelings) is a prepotent one. But Maslow's discussions of basic need motivation and growth motivation, of self-actualization, of Being, rest comfortably only with a positive view of all facets of human functioning working smoothly in wholeness and integration.

In contrast to Maslow, Carl Rogers in his major publications (Client-Centered Therapy, 1951, and On Becoming A Person, 1961) does stress feelings, interpersonal openness, and self-disclosure. In fact, his concern with feelings and their viscissitudes was stronger and more explicit than we had remembered from our graduate student days.

In the Rogers and Dymond research discussed in Psychotherapy and Personality Change (1954), we found Rogers describing a successful therapeutic experience in terms of certain changes in the client:

> Thus we may conclude that the quality of the therapeutic experience is responsible for the fact that, where therapy "takes," the client becomes more mature in his behavior - becoming less dependent, less boastful, less compulsive, less easily upset, better organized, more tolerant, more open to the evidence, behaving in ways that show more concern for the discovery of the facts in the case, more concern for the welfare of all. (p. 423)

The consistency between this formulation of therapeutic growth and those which would be made by Maslow seems fairly clear. However, when Rogers' presentation of Rogerian therapeutic process is looked at more closely, it is possible to conclude that feelings are the most important facet of individual human functions, that the self is defined largely in terms of feelings alone, and self-disclosure (especially, disclosure of feelings) is a normative characteristic of self-actualization, of becoming a real person.

Rogers (1961) states "...that when he (the client) fully experiences the feelings which at an organic level he is, as this client experienced her (sic) self-pity, hatred, and love, then he feels an assurance that he is being part of his real self." (p.111) Rogers (1961) continues to emphasize and elaborate upon this theme when he states: "When a person has, throughout therapy, experienced in this fashion all the emotions which organismically arise in him, and has experienced them in this knowing and open manner, then he has experienced himself, in all the richness that exists within himself. He has become what he is." (p. 113)

Granted, when Rogers (1961) describes "The Person Who Emerges," his subheadings are "Openness to Experience," "Trust in One's Organism," "An Internal Locus of Evaluation," and "Willingness to be a Process" which reflect no clear difference here from Maslow or from us here today. But when Rogers describes the seven stages of the therapeutic process,

he talks predominantly in terms of how the client expresses his feelings from the stage one "unwillingness to communicate self" to the fifth stage where "feelings are expressed freely as in the present," and there is "...increasing ownership of self-feelings, and a desire to be the 'real me'," to the final, seventh stage where "new feelings are experienced with immediacy and richness of detail."

As Rogers (1961) continues with his emphasis on full expression of feelings, he turns his attention to family relationships and asserts, by means of a sub-title, that "Relationships can be lived on a real basis." Such an assertion seems reasonable enough until the reader recognizes that Rogers immediately equates "real basis" with "real feelings" as the following statement indicates: "the client discovers, often to his great surprise, that a relationship can be lived on the basis of the real feelings, rather than on the basis of a defensive pretense." (p. 318) Note here that this last statement can easily be interpreted to mean that a relationship which does not involve expression of "real feelings" is not being lived on a "real basis" and is therefore being lived on the basis of a "defensive pretense." Moreover, it is this kind of interpretation of Rogers that we are hearing, and it is this kind of interpretation that bothers us.

Now Rogers states clearly that what he is saying is not necessarily what we clinicians should do, or what people

should be. And when one understands his important concept of congruence, the congruence between experience and awareness, at both an intrapersonal and interpersonal level, one comes away with an appreciation that becoming a real person is a considerably more complex enterprise than merely feeling and saying what you feel. Is this what our students and clients do not understand?

Certainly, interpersonal communication, at some level, is essential for healthy human functioning, and emotions and emotional awareness are important to any adequate conceptualization of human integration, wholeness, self-actualization, or mental health. But that your feelings are the most important thing about you seems to us a naive stance at best, and an unrealistic and possibly dangerous one at worst. We would suggest that a high rate of interpersonal communication of emotions as a sine qua non for personality integration, self-actualization, or mental health is an oversimplification of a quite complex issue and that our students and clients seem to be distressingly comfortable with the simplistic view that feelings are the most important data as far as therapeutic process and outcome are concerned.

Impersonal Communication

Recall now the title of our talk: "On Being Real In Praise of Impersonal Communication." What about impersonal communication, that is, simple exchanges of impersonal information like "what time is it?" or social amenities like

"how are you?" "fine, and you?" or "nice weather, isn't it" or idle conversation at cocktail parties or in the daily carpool? Obviously, we are not proposing that our lives should be filled with these forms of communication alone, but who of us could survive socially (much less enjoy life) without impersonal communication?

S. I. Hayakawa, a communication expert with no professional interest in mental-health per se, offers some interesting thoughts in his Language in Thought and Action (1964). When discussing language as social cohesion, Hayakawa states that: "Sometimes we talk simply for the sake of hearing ourselves talk, that is, for the same reason we play golf or dance." He characterizes this kind of talk as presymbolic, referring to older and deeper language functions than even information exchanges. As Hayakawa observes: "...when we are at a tea or dinner party, for example, we all have to talk - about anything: the weather, the performance of the Chicago White Sox, James Michner's latest book, or Natalie Wood's recent picture." Rarely, except among very good friends, are the remarks made during these conversations important enough to be worth making for their informative (or relationship-making) value. Nevertheless, it is regarded as rude to remain silent. Indeed, in such matters as greetings and farewells it is regarded as a social error not to say these things even if we do not mean them. There are numberless daily situations in which we talk simply because

it would be impolite not to. From these social practices it is possible to state, as a general principle, that the prevention of silence is itself an important function of speech, and that it is completely impossible for us in society to talk only when we "have something to say."

We would suggest today, furthermore, that it is hardly in the interest of either mental health or self-actualization to suggest, either directly or indirectly (e.g., by focusing only on feeling talk in psychotherapy interviews), that meaningless conversation disclosing little or nothing of the self has less value than intimate, emotional, personal communication.

So much for merely "greasing the wheels" of social interaction. What about our clients who wish to do that and more? If we wish to make friends, isn't it necessary to talk about our feelings and to disclose intimate facts and feelings about ourselves so that others "really get to know us?" Hayakawa is instructive here:

> We talk together about nothing at all and thereby establish friendships. The purpose of the talk is not the communication of information (or, we would add, of feelings), as the symbols used would seem to imply ("I see the Dodgers are out in the lead again"), but rather the establishment of communion. Human beings have many ways of establishing communion among themselves; breaking bread together, playing games together, working together. But talking together is the most easily arranged of all these forms of collective activity. The togetherness of the talking, then, is the most important element in social conversation, the subject matter is only secondary. (p. 72)

Hayakawa goes on to suggest a principle at work in the selection of subject matter which holds that people take care to choose conversation topics where immediate agreement is highly likely. He gives the following example of communication between two strangers feeling the necessity or desire to talk to each other:

> Nice day isn't it?
> It certainly is. (Agreement on one point has been established. It is safe to proceed.
> Altogether, it's been a fine summer.
> Indeed it has. We had a nice spring too. (Agreement on two points having been established, the second party invites agreement on a third point.)
> Yes, it was a lovely spring. (Third agreement reached.)
>
> With each new agreement, no matter how commonplace or how obvious (or how non-self-disclosing, we would add), the fear and suspicion of the stranger wears away, and the possibility of friendship enlarges. When further conversation reveals that we have friends or political views or artistic tastes or hobbies in common, a friend is made, and genuine communication and cooperation can begin. (p. 72)

Hayakawa discusses a variety of other important functions of impersonal, pre-symbolic speach - e.g., in political, recreational, or religious rituals where not the meaning but the utterance of the words is most important: However, one last example seems particularly important to our discussion today. Imagine, if you will, a married couple (as described in Hayakawa's book):

WIFE: Wilbur, why don't you talk to me?

HUSBAND: (interrupting his reading of Schopenhauer or the racing form): What's that?

WIFE: Why don't you talk to me?

HUSBAND: But there isn't anything to say.

WIFE: You don't love me.

HUSBAND: (thoroughly interrupted and somewhat annoyed): Oh, don't be silly. You know I do. (Suddenly consumed by a passion for logic and self defense Do I run around with other women? Don't I turn my paycheck over to you? Don't I work my head off for you and the kids?

WIFE: (Out on a logical limb, but still not satisfied): But still I wish you'd say something.

HUSBAND: Why?

WIFE: Well, because.

What concerns us today is our suspicion that most of our student therapists, presented with such an account by a couple seeking marital counseling, would jump earnestly to the case formulation that this couple generally 1) weren't being real with each other, 2) were not disclosing enough of themselves to each other, 3) were not really dealing with their feelings about each other, and 4) were perhaps not mentally healthy themselves or as a couple. Would they think to suggest to their troubled clients that idle conversation, relatively meaningless in and of itself, is important just to keep communication lines maintained and open? Would they suggest that the issue here might not be the lack of affectionate communication from husband to

wife, resulting in her insecurity, but rather the disconcerting silence in the absence of after-dinner chit-chat?

We are dismayed to observe that the feeling-talk, self-disclosure zeitgeist described earlier appears to us to be ignoring the need for our student clinicians to even ask enough questions to assess accurately as typical and possibly as straight forward a marital problem as this. And we become particularly uncomfortable when we consider, for example, what could happen to borderline schizophrenic clients, who tend to concretize and oversimplify their experience, when they are encouraged by their therapist to label their efforts at everyday conversation as not real, not human, and sick just because their often strenuous efforts in this regard are not intimate, not emotional, not personal. In over-zealous valuing of intimate, personal, emotional communication, our students (and perhaps we ourselves) could indeed do a disservice to clients, encouraging more self-disclosure than either individuals or married couples could or should tolerate, and creating more dissatisfaction with their lives than had they never sought professional help.

Summary

In summary, we're troubled by our observations of a widespread over-valuing of intimate, personal, self-disclosing behavior between people and an implied de-valuing of other forms of human communication. Disclosure of feelings is equated with health despite the fact that current research

on self-disclosure suggests that the relationship between disclosure and health is not a simple linear one. Furthermore, a careful reading of both Maslow and Rogers suggests that being or becoming fully human involves more than getting in touch with one's feelings and sharing them with other people. It is possible that our clients and students endorse the "feeling" approach to mental health because they have over-simplified (or been taught to over-simplify) the humanistic psychology viewpoint. That is, they ignore those aspects of Maslow's theory dealing with the importance of detachment, autonomy and personal privacy and they resonate most strongly with Rogers' repeated emphasis on feelings, definition of self primarily in terms of feelings, and importance of feelings in becoming a "fully functioning" person. They also have to ignore in Rogers (or not understand) his talk about the willingness to allow another person to be separate and his very complex notion of "congruence" in both its intra-personal and interpersonal form.

So we are calling for psychologists as clinicians, teachers, and supervisors to present a more balanced view of all forms and functions of human communication, particularly as communication is related to our notions of mental health and personal growth. Somehow, someway our clients and students need to understand that being real means being both personal and impersonal, both open and private, and both emotional and intellectual.

References

Cozby, P.C. Self-disclosure: a literature review. Psychological Bulletin, 1973, 79, 73-91.

Fosdick, H.E. On being a real person. New York: Harper, 1943.

Hayakawa, S.I. Language in thought and action. New York: Harcourt, Brace, & World, 1964.

Maslow, A.H. Toward a psychology of being. New York: D. Van Nostrand, 1962.

Maslow, A.H. Motivation and personality. (2nd Ed.). New York: Harper & Row, 1970.

Rogers, C.R. Client-centered therapy. Boston: Houghton Mifflin, 1951.

Rogers, C.R. On becoming a person. Boston: Houghton Mifflin, 1961.

Rogers, C.R. & Dymond, R.F. (Eds.). Psychotherapy and personality change. Chicago: University of Chicago Press, 1954.